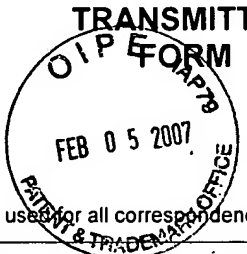
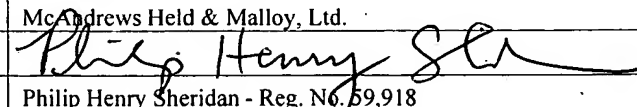
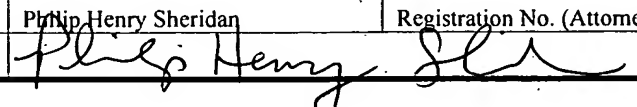


TRANSMITTAL  (to be used for all correspondence after initial filing)		Application Number 10/705,419	
		Filing Date November 10, 2003	
		First Named Inventor Hans Torp	
		Art Unit 3768	
		Examiner Name Francis J. Jaworski	
Total Number of Pages in This Submission 17		Attorney Docket Number 12483US05	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	Statement Under 37 CFR 3.73(b) and copy of Assignment
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Philip Henry Sheridan - Reg. No. 59,918		
Date	February 1, 2007		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 1, 2007.			
Name (Print/type)	Philip Henry Sheridan	Registration No. (Attorney/Agent)	59,918
Signature			Date February 1, 2007

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006		Complete if Known																																			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/705,419																																		
		Filing Date	November 10, 2003																																		
		First Named Inventor	Hans Torp																																		
		Examiner Name	Francis J. Jaworski																																		
		Art Unit	3768																																		
TOTAL AMOUNT OF PAYMENT (\$) \$130.00		Attorney Docket No.	12483US05																																		
METHOD OF PAYMENT (check all that apply)																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>070845</u> Deposit Account Name: <u>GTC</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																																					
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee																																					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																					
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																					
	FILING FEES		SEARCH FEES		EXAMINATION FEES																																
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid(\$)																														
Utility	300	150	500	250	200	100																															
Design	200	100	100	50	130	65																															
Plant	200	100	300	150	160	80																															
Reissue	300	150	500	250	600	300																															
Provisional	200	100	0	0	0	0																															
							Small Entity																														
							Fee(\$)																														
2. EXCESS CLAIM FEES Fee Description							Fee(\$)																														
Each claim over 20 (including Reissues)							50																														
Each independent claim over 3 (including Reissues)							200																														
Multiple dependent claims							360																														
							180																														
<table border="0" style="width: 100%;"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee(\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>-20 or HP</td> <td>x</td> <td>=</td> <td></td> <td>Fee</td> </tr> <tr> <td colspan="5">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee(\$)</td> <td>Fee Paid (\$)</td> <td></td> </tr> <tr> <td>-3 or HP</td> <td>x</td> <td>=</td> <td></td> <td></td> </tr> <tr> <td colspan="5">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>							Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	-20 or HP	x	=		Fee	HP = highest number of total claims paid for, if greater than 20					Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)		-3 or HP	x	=			HP = highest number of independent claims paid for, if greater than 3					
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims																																	
-20 or HP	x	=		Fee																																	
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Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)																																		
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HP = highest number of independent claims paid for, if greater than 3																																					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)																																	
-100	/50	(round up to a whole number)	x	=																																	
4. OTHER FEE(S)																																					
Non-English Specification, \$130 fee (no small entity discount)																																					
Other (e.g., late filing surcharge): <u>Terminal Disclaimer Under 37 C.F.R. 1.321(c)</u>							\$130.00																														
SUBMITTED BY																																					
Signature	<u>Philip Henry Sheridan</u>		Registration No. (Attorney/Agent)	59,918	Telephone	(312)775-8000																															
Name (print/type)	Philip Henry Sheridan		Date	February 1, 2007																																	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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